



Enrollment: Getting access to NHSN for your LTCF

Finalized 11/2014

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



Training audience

- ❑ This training is for:
 - Any person who wants to register and enroll a long-term care facility (LTCF) into NHSN
 - Any person who may be training other individuals on the NHSN enrollment process for LTCFs

Learning Objectives

- ❑ Define the key personnel roles for a facility enrolled in NHSN
- ❑ Describe the information needed to enroll a LTCF into NHSN
- ❑ Explain the steps for submitting information during the NHSN enrollment process

Who can enroll a facility into NHSN?

- ❑ Any person in a LTCF can be given permission to enroll the facility into NHSN
 - Often, the person responsible for NHSN enrollment is also the person who oversees the infection prevention program activities
- ❑ Before you start the enrollment process for your LTCF, decide with your facility leadership who will become the point of contact for NHSN enrollment
 - It may help to have more than one person learning about the NHSN enrollment process to provide additional support
- ❑ The person assigned to enroll the LTCF into NHSN is called the “NHSN Facility Administrator”

Key Personnel Roles: The NHSN Facility Administrator

- ❑ Responsible for NHSN enrollment and coordination of users doing data collection and reporting for a LTCF
- ❑ This person has authority within NHSN to
 - Add or remove NHSN users for a facility
 - Manage each users' activities (e.g., reporting data, editing data, or analyzing data) within NHSN
 - Add, edit & delete facility data
 - Nominate (or join) groups for sharing data
- ❑ If the NHSN Facility Administrator has to change their position or leave a facility, he or she can reassign the role of "NHSN Facility administrator" to another user

Tips for selecting your NHSN Facility Administrator

- ❑ Select someone who is already familiar with infection surveillance activities in your facility
 - This person may not necessarily be your organization's facility administrator or part of the executive leadership
 - This person may be your director of nursing, assistant director of nursing, staff educator, or even the MDS coordinator, if he/she is familiar with data management and infection prevention
- ❑ Although only one person in your facility will have the role of NHSN Facility Administrator – consider training a second person on the NHSN enrollment/data submission process to have an extra set of hands

Other Key Personnel Roles

❑ NHSN LTCF Contact Person

- Serves as the main point of contact between CDC and the facility
- Often the NHSN Facility Administrator also serves as the NHSN Contact Person, but it could be someone else

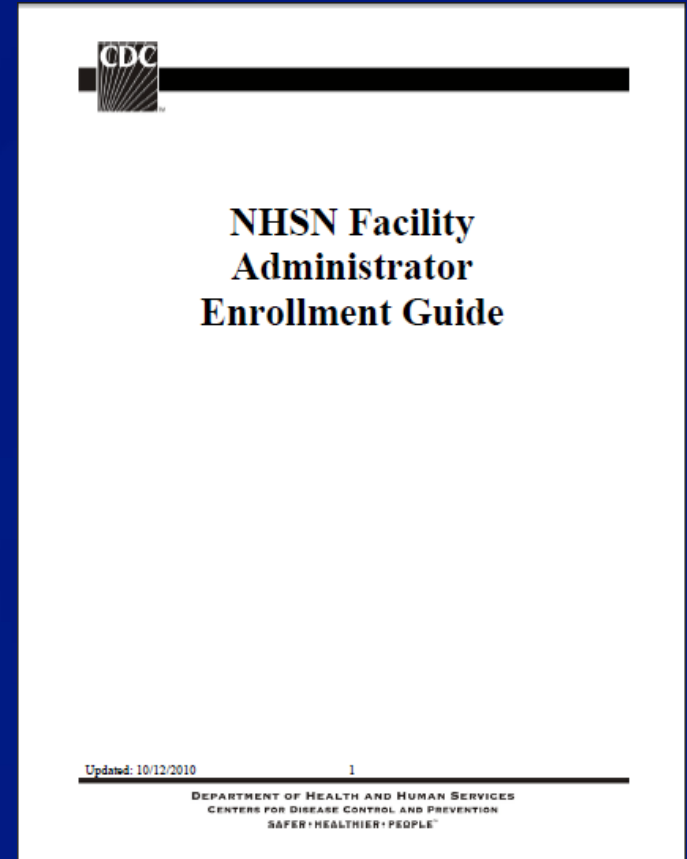
❑ NHSN Users (Facility Administrator is a user too!!)

- Other staff at a facility can become NHSN users for an enrolled LTCF
- Activities that NHSN users can do, known as “user rights” include: viewing, entering, editing or analyzing data in NHSN
- The NHSN Facility Administrator can add or remove people as NHSN users for their facility
- The NHSN Facility Administrator works with each user to assign user rights to give him/her access to a facility’s NHSN data

NHSN Facility Administrator Enrollment Guide

- ❑ This guide is a general NHSN enrollment resource, not specific to the LTCF Component
- ❑ Contains instructions and tips which may address other questions about the enrollment process
- ❑ This guide is available on the NHSN LTCF enrollment page:

<http://www.cdc.gov/nhsn/LTC/enroll.html>



NHSN Enrollment process in a snapshot

Step 1: Training and preparation for enrollment

Step 2: Request to enroll your facility in NHSN

Step 3a: Register with the Secure Access Management System (SAMS)

Step 3b: Complete identity verification process and receive confirmation of SAMS/NHSN access

Step 4: Access NHSN Enrollment and submit Annual Facility Survey electronically

Step 5: Print, sign and mail the facility consent form to CDC and receive confirmation of your facility's enrollment into NHSN

Success! Your facility is now approved to report into NHSN

Step 1 - Training and Preparation

- ❑ Review the following documents before starting the enrollment process
 - Being familiar with these materials will help you gather all the information you will need to enroll your LTCF
- ❑ The main forms/tools you will need to review include:
 - The NHSN Enrollment Checklist
 - The NHSN Facility Contact Form
 - The LTCF Annual Facility Survey
 - For additional information, you can also download the NHSN Facility Administrator Enrollment Guide
- ❑ All these documents can be downloaded from:
<http://www.cdc.gov/nhsn/LTC/enroll.html>

Documents to review: Enrollment Checklist for LTCF

- ❑ This checklist outlines each step in the NHSN enrollment process
- ❑ It provides estimates for how much time each step will take and allows you to track your progress
- ❑ Complete all steps and forms in order because you will need this information when you are enrolling into NHSN

Resources for the NHSN Long-term Care Facility Component: [LTCF Component website]
Need Help? Contact the NHSN Helpdesk at nhsn@cdc.gov


NHSN Enrollment and Set-up Checklist for Long-term Care Facilities

<input checked="" type="checkbox"/> COMPLETE ITEMS IN ORDER	TIME
NHSN Enrollment Step 1: Training and Preparation	
<input type="checkbox"/> COMPLETE LONG-TERM CARE FACILITY COMPONENT TRAINING AT [LTCF Component training website]	2 HR
<input type="checkbox"/> COMPLETE LONG-TERM CARE FACILITY COMPONENT ANNUAL FACILITY SURVEY ON PAPER (NEEDED FOR STEP 4)	30 MIN
<input type="checkbox"/> ADD HTTPS://*.CDC.GOV AND HTTPS://*.VERISIGN.COM TO LIST OF TRUSTED WEBSITES AND PERMIT POP-UPS FOR THESE SITES	5 MIN
<input type="checkbox"/> CHANGE SPAM-BLOCKER SETTINGS TO ALLOW ALL NHSN@CDC.GOV & PHINTech@cdc.gov EMAILS	10 MIN
Step 2: Register	
<input type="checkbox"/> AGREE TO RULES OF BEHAVIOR AT HTTP://NHSN.CDC.GOV/REGISTRATIONFORM/INDEX.JSP	5 MIN
<input type="checkbox"/> REGISTER FACILITY WITH NHSN	5 MIN
NOTE: IF YOUR FACILITY DOES NOT HAVE A CMS CERTIFICATION NUMBER, AHA NUMBER OR VA STATION CODE, PLEASE CONTACT NHSN@CDC.GOV TO RECEIVE AN ENROLLMENT NUMBER	
IMMEDIATELY AFTER SUCCESSFUL REGISTRATION, RECEIVE NHSN EMAIL, SUBJECT "WELCOME TO NHSN!"	
Step 3a: Complete SAMS Registration	
<input type="checkbox"/> RECEIVE SAMS "INVITATION TO REGISTER" AND SELECT SAMS REGISTRATION LINK	5 MIN
<input type="checkbox"/> AGREE TO SAMS RULES OF BEHAVIOR AND COMPLETE REGISTRATION INFORMATION	10 MIN
IMMEDIATELY AFTER COMPLETING THE REGISTRATION INFORMATION, RECEIVE IDENTITY VERIFICATION INSTRUCTIONS VIA EMAIL	
Step 3b: Submit Identity Verification Documentation	
ADD STATEMENT REGARDING TIMEFRAME ALLOTTED FOR DOCUMENT SUBMISSION?	
<input type="checkbox"/> TAKE REQUIRED DOCUMENTATION TO AN OFFICIAL PROOFING AGENT FOR ENDORSEMENT	30 MIN
<input type="checkbox"/> SUBMIT COPIES TO THE SAMS PROCESSING TEAM	5 MIN
<input type="checkbox"/> RECEIVE NOTICE OF APPROVAL FOR SAMS ACCESS	VARIES
Step 4: Submit Forms Electronically	
<input type="checkbox"/> ACCESS NHSN ENROLLMENT AT HTTPS://SAMS.CDC.GOV USING YOUR SAMS CREDENTIALS	2 MIN

Documents to review: The NHSN Facility Contact Form

- ❑ This form collects contact information for the LTCF and the people coordinating NHSN use
- ❑ You may need to talk with others in the facility for data such as the CMS Certification Number (CCN) for your facility
- ❑ Note: If your facility does not have a CCN, please contact NHSN@cdc.gov to receive an enrollment number

OMB No. 0920-0666
Exp. Date: 12-31-2015
www.cdc.gov/nhsn



NHSN
National Healthcare
Safety Network

Facility Contact Information

Page 1 of 3

*required for saving		Tracking #:	
*Facility Name:			
*Main Telephone Number:			
*Mailing Address:			
*City:	*County:	*State:	*ZIP:
For each identifier listed below, enter the # / code or check "Not Applicable" if your facility does not have that identifier:			
*American Hospital Association ID#:		<input type="checkbox"/> Not Applicable	
*CMS Certification Number (CCN):		<input type="checkbox"/> Not Applicable	
*VA Station Code:		<input type="checkbox"/> Not Applicable	
If none of the above identifiers is applicable, enter CDC-provided Enrollment #:			
*Facility Type:			
*Was this facility operational in the survey year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*NHSN Components:			
Indicate which component(s) the Facility will use initially (components may be added at any time after enrollment)			
<input type="checkbox"/> Patient Safety Component (N/A for Dialysis Facilities & Long Term Care Facilities)			
<input type="checkbox"/> Dialysis Component (N/A for Acute Care Facilities & Long Term Care Facilities)			
<input type="checkbox"/> Long Term Care Facility Component (N/A for Acute Care Facilities & Dialysis Facilities)			
<input type="checkbox"/> Healthcare Personnel Safety Component			
<input type="checkbox"/> Biovigilance Component (N/A for Dialysis Facilities & Long Term Care Facilities)			
NHSN Facility Administrator:			
*Name:			
Title:			
*Mailing address: (if different from facility)			
*City:	*State:	*ZIP:	
*Telephone Number: ()	Extension:		
FAX Number: ()			
Pager Number: ()			
*Email:		*User Name:	

Documents to review: The NHSN Facility Contact Form, continued

NHSN Components: Indicate which component your facility will use initially:

- ❑ Select the Long Term Care Facility component - indicated by arrow
- ❑ Remember, LTCFs can also report into the Healthcare Personnel Safety Component (to track staff Influenza vaccination)
 - ❑ Selection for Healthcare Personnel Safety component indicated by arrow

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Facility Contact Information

Page 1 of 3

*required for saving		Tracking #:	
*Facility Name:			
*Main Telephone Number:			
*Mailing Address:			
*City:	*County:	*State:	*ZIP: -
For each identifier listed below, enter the # / code or check "Not Applicable" if your facility does not have that identifier:			
*American Hospital Association ID#:	<input type="checkbox"/> Not Applicable		
*CMS Certification Number (CCN):	<input type="checkbox"/> Not Applicable		
*VA Station Code:	<input type="checkbox"/> Not Applicable		
If none of the above identifiers is applicable, enter CDC-provided Enrollment #:			
*Facility ID#:			
*Is this facility operational in the survey year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
NHSN Components:			
Indicate which component(s) the Facility will use initially (components may be added at any time after enrollment)			
<input type="checkbox"/> Patient Safety Component (N/A for Dialysis Facilities & Long Term Care Facilities)			
<input type="checkbox"/> Dialysis Component (N/A for Acute Care Facilities & Long Term Care Facilities)			
<input type="checkbox"/> Long Term Care Facility Component (N/A for Acute Care Facilities & Dialysis Facilities)			
<input type="checkbox"/> Healthcare Personnel Safety Component			
<input type="checkbox"/> Biovigilance Component (N/A for Dialysis Facilities & Long Term Care Facilities)			
NHSN Facility Administrator:			
*Name:			
Title:			
*Mailing address: (if different from facility)			
*City:		*State:	*ZIP: -
*Telephone Number: ()		Extension:	
FAX Number: ()			
Pager Number: ()			
*Email:		*User Name:	

The NHSN Facility Contact Form, page 2


- ❑ You may designate a different point of contact for each NHSN component that your facility uses
- ❑ You don't have to include additional people if the NHSN Facility Administrator will be the primary point of contact for your LTCF

Facility Contact Information			
Page 2 of 3			
Patient Safety Primary Contact Person (if different from Facility Administrator)			
*Name:			
Title:			
*Mailing address: (if different from facility)			
<div></div> <div></div> <div></div>			
*City:	*State:	*ZIP: -	
*Telephone Number: ()	Extension:	FAX Number: ()	
Pager Number: ()	*Email:	Valid email account required for enrollment	
Dialysis Facility Primary Contact Person (if different from Facility Administrator)			
*Name:			
Title:			
*Mailing address: (if different from facility)			
<div></div> <div></div> <div></div>			
*City:	*State:	*ZIP: -	
*Telephone Number: ()	Extension:	FAX Number: ()	
Pager Number: ()	*Email:	Valid email account required for enrollment	
Long Term Care Facility Primary Contact Person (if different from Facility Administrator)			
*Name:			
Title:			
*Mailing address: (if different from facility)			
<div></div> <div></div> <div></div>			
*City:	*State:	*ZIP: -	
*Telephone Number: ()	Extension:	FAX Number: ()	
Pager Number: ()	*Email:	Valid email account required for enrollment	
Healthcare Personnel Safety Primary Contact Person (if different from Facility Administrator)			
*Name:			
Title:			
*Mailing address: (if different from facility)			
<div></div> <div></div> <div></div>			
*City:	*State:	*ZIP: -	
*Telephone Number: ()	Extension:	FAX Number: ()	
Pager Number: ()	*Email:	Valid email account required for enrollment	

Documents to review: The LTCF Annual Facility Survey

- ❑ This form collects information about your LTCF and services provided to your resident population
- ❑ The data submitted should reflect your facility's experience from the previous calendar year
- ❑ You may need to talk with others in the facility to answer some of these questions

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 www.odo.gov/1511



NHSN
National Healthcare
Safety Network

Long Term Care Facility Component—Annual Facility Survey

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*required for filing	Tracking #:
Facility ID:	*Survey Year:
*National Provider ID:	State Provider #:

Facility Characteristics

*Ownership (check one):
☐ For profit ☐ Not for profit, including church ☐ Government(not VA) ☐ Veterans Affairs

*Certification (check one):
☐ Dual Medicare/Medicaid ☐ Medicare only ☐ Medicaid only ☐ State only

*Affiliation (check one): ☐ Independent, free-standing ☐ Independent, continuing care retirement community
☐ Multi-facility organization (chain) ☐ Hospital system, attached ☐ Hospital system, free-standing

In the previous calendar year:
 *Average daily census: _____
 *Total number of short-stay residents: _____ Average length of stay for short-stay residents: _____
 *Total number of long-stay residents: _____ Average length of stay for long-stay residents: _____
 *Total number of new admissions: _____

*Number of Beds: _____ *Number of Pediatric Beds (age <21): _____

*Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion):

Primary Service Type	Service provided?	Number of residents
a. Long-term general nursing:	<input type="checkbox"/>	_____
b. Long-term dementia:	<input type="checkbox"/>	_____
c. Skilled nursing/Short-term (subacute) rehabilitation:	<input type="checkbox"/>	_____
d. Long-term psychiatric(non dementia):	<input type="checkbox"/>	_____
e. Ventilator:	<input type="checkbox"/>	_____
f. Bariatric:	<input type="checkbox"/>	_____
g. Hospice/Palliative:	<input type="checkbox"/>	_____
h. Other:	<input type="checkbox"/>	_____

Infection Control Practices


*Total staff hours per week dedicated to infection control activity in facility: _____
 a. Total hours per week performing surveillance: _____
 b. Total hours per week for infection control activities other than surveillance: _____

Continued >>

The LTCF Annual Facility Survey, page 2

- ❑ Give yourself time to review and gather the information on this form
- ❑ The NHSN LTCF annual facility survey may get updated from time to time, so be sure to check for notices if a new version is being released
- ❑ For additional guidance on completing this document, review the Table of Instructions

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 www.omb.gov/eis



NHSN
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Safety Network

Long Term Care Facility Component—Annual Facility Survey

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Facility Microbiology Laboratory Practices

*1. Does your facility have its own laboratory that performs microbiology/antimicrobial susceptibility testing?

☐ Yes ☐ No

If No, where is your facility's antimicrobial susceptibility testing performed? (check one)

☐ Affiliated medical center, within same health system ☐ Medical center, contracted locally

☐ Commercial referral laboratory ☐ Other (specify): _____

*2. Indicate whether your facility screens new admissions for any of the following multidrug-resistant organisms: (check all that apply)

☐ We do not screen new admissions for MDROs

☐ Methicillin-resistant *Staphylococcus aureus* (MRSA)

If checked, indicate the specimen types sent for screening: (check all that apply)

☐ Nasal swabs ☐ Wound swabs ☐ Sputum ☐ Other skin site

☐ Vancomycin-resistant *Enterococcus* (VRE)

If checked, indicate the specimen types sent for screening: (check all that apply)

☐ Rectal swabs ☐ Wound swabs ☐ Urine

☐ Multidrug-resistant gram-negative rods (includes carbapenemase resistant Enterobacteriaceae; multidrug-resistant *Acinetobacter*, etc.)

If checked, indicate the specimen types sent for screening: (check all that apply)

☐ Rectal swabs ☐ Wound swabs ☐ Sputum ☐ Urine

*3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

☐ Enzyme immunoassay (EIA) for toxin ☐ GDH plus NAAT (2-step algorithm)

☐ Cell cytotoxicity neutralization assay ☐ GDH plus EIA for toxin, followed by NAAT for discrepant results

☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP) ☐ Toxigenic culture (*C. difficile* culture followed by detection of toxins)

☐ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) ☐ Other (specify): _____

("Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory, refer to the Tables of Instructions for this form, or conduct a search for further guidance on selecting the correct option to report.)

Electronic Health Record Utilization

*Indicate whether any of the following are available in an electronic health record (check all that apply):

☐ Microbiology lab culture and antimicrobial susceptibility results ☐ Medication orders

☐ Medication administration record ☐ Resident vital signs

☐ Resident admission notes ☐ Resident progress notes

☐ Resident transfer or discharge notes ☐ None of the above

Prepare your computer to interact with NHSN

- ❑ You may need to change your email and internet security settings to receive communications from NHSN during the enrollment process
- ❑ Change spam-blocker settings to allow all email from:
 - nhsn@cdc.gov ; PHINTech@cdc.gov ; and
 - SAMS-NO-REPLY@cdc.gov
- ❑ Add https://*.cdc.gov and https://*.verisign.com to trusted sites list and allow pop-ups
 - In Internet Explorer, open “Tools” menu, select “Internet Options”
 - Add trusted sites on the “Security” tab
 - Allow pop-ups on the “Privacy” tab
- ❑ These changes may require assistance from your IT manager or department



Step 1: Training and orientation for enrollment

Step 2: Request to enroll your facility in NHSN

Step 3a: Register with the Secure Access Management System (SAMS)

Step 3b: Complete identity verification process and receive confirmation of SAMS/NHSN access

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Step 5: Print, sign and mail the facility consent form to CDC and receive confirmation of your facility's enrollment into NHSN

Success! Your facility is now approved to report into NHSN

Step 2 – Request to Enroll your Facility to NHSN

- ❑ After reviewing the enrollment materials, you are ready to begin the enrollment process
- ❑ Registering your facility includes:
 - Reading and agreeing to the NHSN Rules of Behavior
 - Providing contact information for the NHSN facility administrator

CDC Department of Health and Human Services
Centers for Disease Control and Prevention

National Healthcare Safety Network (NHSN)

Facility/Group Administrator Rules of Behavior

In order to participate in the NHSN, you must read and agree to abide by the following rules of behavior for safeguarding the system's security. Scroll through the document below and click on Agree or Do Not Agree button. To print a copy of the rules, click on the Print button.

NHSN, a surveillance system of the Centers for Disease Control and Prevention (CDC), allows participating healthcare facilities to enter data associated with healthcare safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, dialysis incidents, and healthcare worker vaccinations. NHSN provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc). NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN processes and stores a variety of sensitive data that are provided by healthcare facilities. This information requires protection from unauthorized access, disclosure, or modification based on confidentiality, integrity, and availability requirements. These "Rules of Behavior" apply to all users of the NHSN web-based computer system.

Purpose

[Print Version](#)
PDF (67KB/13 pages)

You can link to the registration website from the LTCF Enrollment page or go to:

<http://nhsn.cdc.gov/RegistrationForm/index>

Step 2 - Register

❑ The NHSN Facility Administrator completes this form:

- Name
- Check your email address! *Use the same email address for all enrollment steps*
- CCN is a 6 digit CMS Certification # or CDC-provided enrollment #
- Click 'Save'
- Hint: Refer to the Facility Contact Information form you filled out earlier

Required trainings are listed on the NHSN LTCF Component enrollment website. Indicate the date you completed training.

Personal Information

*Last name:

*First name:

Middle name:

*Email address:

Facility Identifier

*Please select a facility identifier:

CCN ID ☒ AHA ID ☐ VA Station Code ☐
CDC Registration ID ☐ None ☐

*Selected identifier ID:

NHSN Training Date

*I certify that I have completed all of the appropriate, required NHSN trainings on:

Reset Save

Step 2 - Register

- Following successful registration, you will immediately receive a welcome to NHSN email.
- You will also receive an email invitation to register for SAMS access (step 3a) similar to the following
- Be sure to print this email out because it has information you need to register for SAMS

Hello

You have been invited to register with the U.S. CDC's Secure Access Management Service (SAMS). Registration with SAMS will allow you to access selected CDC Extranet applications specifically designed and implemented for the Public Health community. A registration account has already been created for you. A link to this account and a temporary password word are provided below. This invitation is valid for 30 days.

Should you have questions with the SAMS registration process, please contact our Help Desk for assistance.

Thank you,

The SAMS Team

SAMS basic registration process includes the following steps:

- 1. Online Registration** - Follow the link below and use the included temporary password to log into SAMS' user registration pages. During registration, you will be asked to supply some basic information about yourself. This information will help CDC Program Administrators provide you with the application access most appropriate for your role in Public Health. You will also choose your personal SAMS password to help keep your account private and secure.
- 2. Identity Verification** - Once you complete your online registration, you will receive an email with instructions for completing Identity Verification. In order to provide individuals with access to non-public information, U.S. law **requires** that the identity of potential users is first verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your registration materials will only be used to help determine your suitability for information access and that these materials will not be shared outside of CDC programs.
- 3. Access Approval** - Once your Identity Verification is complete, CDC Program Administrators will determine the access level most appropriate for your role and will activate your SAMS account. SAMS will send you an account activation email with a link to the SAMS portal page where you can begin using your extranet applications.

To register with SAMS, please click the following link or cut and paste it into your browser:

<https://sams.cdc.gov/idm/SAMS/ca/index.jsp?task.tag=SAMSRegistration>

When prompted, please enter:

- Your Username:
- Temporary Password:

and click the Login button.

***Note: In order to access SAMS, your computer must be configured to use TLS 1.0 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.

Temporary
Username and password
needed for online registration

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Success! Your facility is now approved to report into NHSN

Secure Access Management (SAMS)

- ❑ SAMS provides secure online access to and exchange of information between CDC and public health partners
- ❑ Users receive an invitation to register with SAMS which provides instructions for registration and identify proofing in order to obtain access to CDC applications, including NHSN
- ❑ During registration the user sets a password which expires every 60 days.
- ❑ The user is also issued an electronic grid card which adds an additional level of security when logging in to the system.

Step 3a - SAMS Registration

- ❑ The Invitation to Register email contains your Username and Password for SAMS registration

Warning: You are accessing a U.S. Government information system, and (4) all devices and information system, you understand and agree that you will not use this system for any unauthorized purpose, including but not limited to, the transmission or storage of information that is exempt from public release under the Freedom of Information Act, or the disclosure of information that is exempt from public release under the Freedom of Information Act.

Login Options
Choose one of the three login options.

SAMS Credentials

SAMS Username:

SAMS Password:

Login

OR

SAMS Grid Card Credentials

Click login below to login with SAMS Grid Card.

Login

OR

HHS PIV Card

Insert your PIV card in your smart card reader before you try to login.

Login

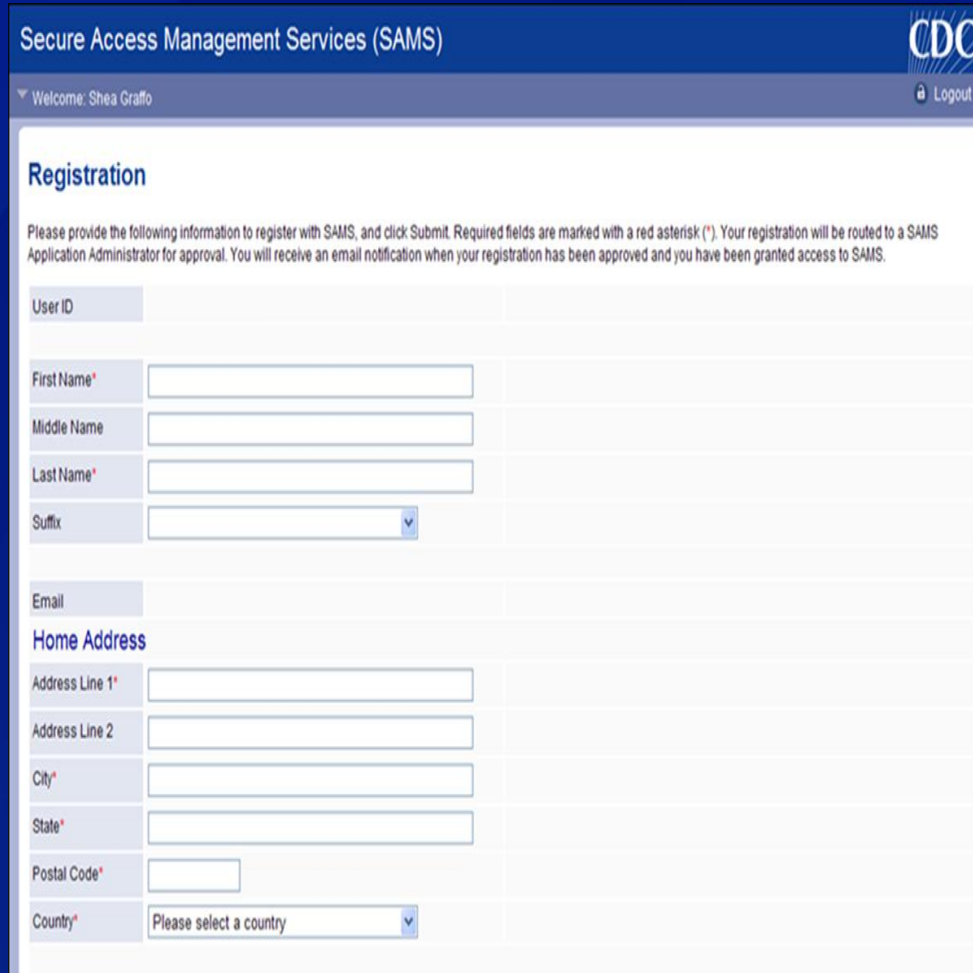
SAMS Help: For more information and/or assistance, please contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following Toll Free: 877-681-2901, Email: samshelp@cdc.gov.

powered by: **miso**


<https://sams.cdc.gov/>


Step 3a - SAMS Registration

After accepting the Rules of Behavior, enter the required registration information and click Submit.



The screenshot shows the 'Secure Access Management Services (SAMS)' registration page. The header includes the CDC logo and a 'Logout' link. A welcome message for 'Shea Graffo' is displayed. The main section is titled 'Registration' and contains a paragraph of instructions. Below this, there are several input fields: 'User ID', 'First Name*', 'Middle Name', 'Last Name*', 'Suffix' (with a dropdown arrow), 'Email', and a 'Home Address' section. The 'Home Address' section includes fields for 'Address Line 1*', 'Address Line 2', 'City*', 'State*', 'Postal Code*', and 'Country*' (with a dropdown menu showing 'Please select a country').

Secure Access Management Services (SAMS) 

Welcome: Shea Graffo  Logout

Registration


Please provide the following information to register with SAMS, and click Submit. Required fields are marked with a red asterisk (*). Your registration will be routed to a SAMS Application Administrator for approval. You will receive an email notification when your registration has been approved and you have been granted access to SAMS.

User ID

First Name*

Middle Name

Last Name*

Suffix 

Email

Home Address


Address Line 1*

Address Line 2

City*

State*

Postal Code*

Country* Please select a country 

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Step 3b - Identity Proofing

- ❑ After accepting the SAMS Rules and Behaviors, you will receive an email which contains all the information and documentation for “Identity Verification”. (Print this email out because it contains a document which must be completed)
- ❑ Carefully follow the instructions in the email to insure the enrollment process is not delayed

Hello New NHSN User,

Thank you for registering with CDC's SAMS Partner Portal. Your registration information has been received and is currently pending approval.

In order to provide individuals with access to non-public information, U.S. law *requires* the identity of potential users to be verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your identity information will only be used to help determine your suitability for access and that this data will not be shared outside of CDC programs.

To complete identity verification, please print the form attached to this email message and follow the instructions provided below. The required steps are as follows:

1. Complete the Applicant Section in the attached form - part of the information has been pre-filled for you based on the information you supplied during registration.
2. Take the printed form, along with appropriate photo identity documentation to a Proofing Agent (a person specifically designated by CDC to conduct identity verification or a Notary Public). Have them verify your identity and complete the Proofing Agent / Notary Section. Acceptable forms of identification are listed in the table below:

You must provide one (1) unexpired document from List A and one (1) additional unexpired document from List B.

List A - Primary Photo ID	List B - Secondary ID
Driver's license or ID card issued by a state	Driver's license or ID card issued by a state or outlying possession of

Step 3b - Registration Approval

- ❑ Once your identity documentation has been processed you will receive confirmation of approval for SAMS access via email
- ❑ You will also be issued an electronic grid card which is used when logging into the system along with your username and password
- ❑ Note: The option to log in using only your username and password only provides Level 2 security access. In order to gain Level 3 access, which is necessary for NHSN use, you must use your grid card
- ❑ Electronic grid cards are mailed to the address used in registration and can take up to 3 weeks to receive.

Step 1: Training and preparation for enrollment

Step 2: Request to enroll your facility in NHSN

Step 3a: Register with the Secure Access Management System (SAMS)

Step 3b: Complete identity verification process and receive confirmation of SAMS/NHSN access

Step 4: Access NHSN Enrollment and submit Annual Facility Survey electronically

Step 5: Print, sign and mail the facility consent form to CDC and receive confirmation of your facility's enrollment into NHSN

Success! Your facility is now approved to report into NHSN

Step 4a – Enter the SAMS Portal

- Once you have successfully registered to with SAMS and provided identify verification documentation, you will receive and email indicating your registration is approved.

- In order to access NHSN, you must first log into SAMS using your newly obtained Grid Card, which takes up to 3 weeks to obtain after you are approved, and your username and password. The SAMS website:

<https://sams.cdc.gov/>

SAMS
secure access management services

CDC

Warning: You are accessing a US Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may intercept, monitor, record, store, disseminate, or otherwise use any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be seized, stored, disseminated, or otherwise used for any lawful government purpose.

Click here to log in with Grid card

Login Options
Choose one of the three login options.

SAMS Credentials
SAMS Username:
SAMS Password:
Login
[Forgot SAMS Password?](#)
For users who login with only a SAMS issued UserID and Password.

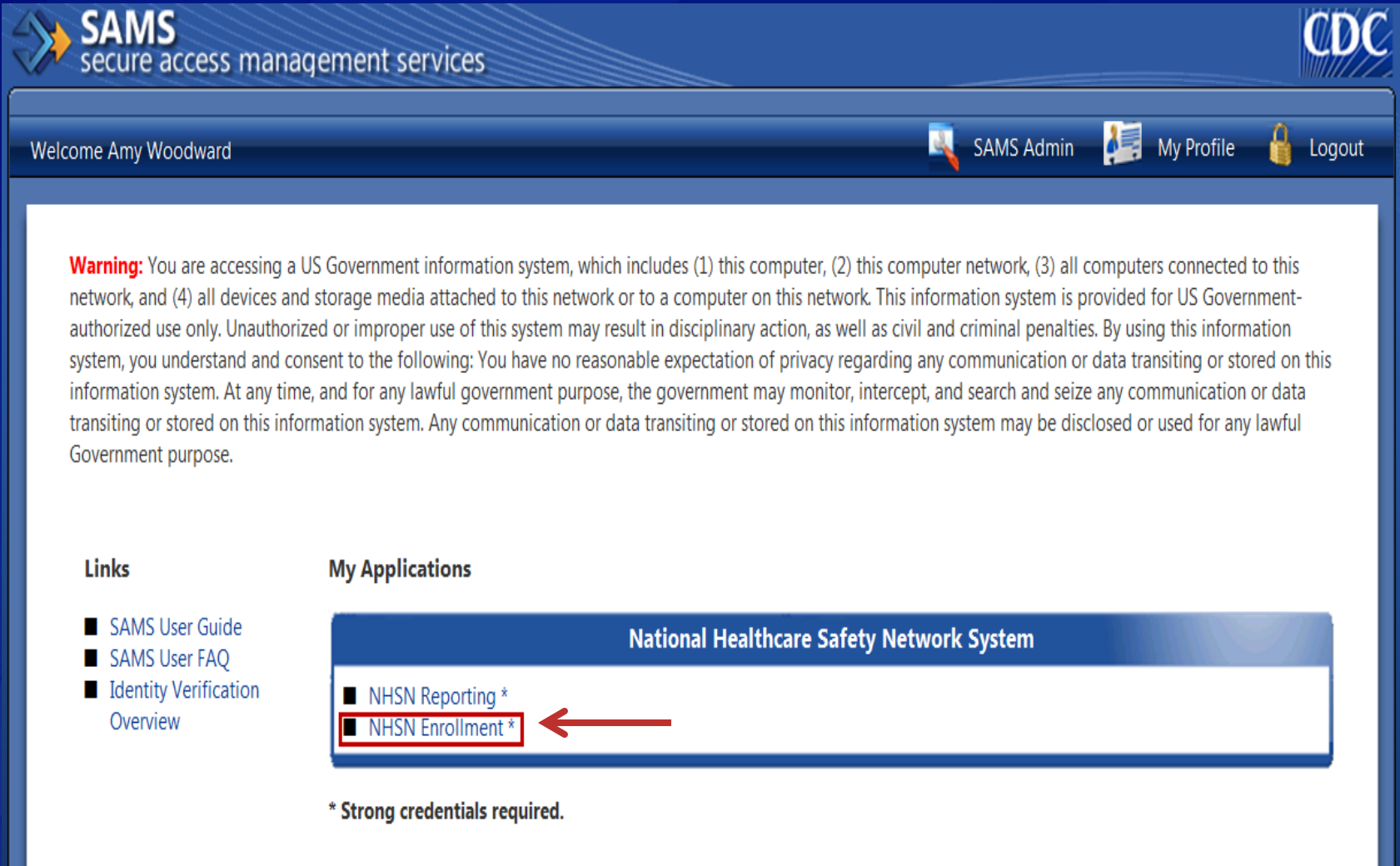
SAMS Grid Card Credentials
Enter
A B C D E F G H I J
K L M N O P Q R S
T U V W X Y Z
[Grid of letters]
Click login below to login with SAMS Grid Card.
Login
For users who have been issued a SAMS Grid Card.

HHS PIV Card
Insert your PIV card in your smart card reader before you try to login.
Login
For users who are CDC staff and have been issued a PIV card.

SAMS Help: For more information and/or assistance, please contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following Toll Free: 877-681-2901, Email: samshelp@cdc.gov.

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Step 4b – Select “NHSN Enrollment” to submit your facility’s contact and survey information



SAMS
secure access management services

CDC

Welcome Amy Woodward

SAMS Admin My Profile Logout

Warning: You are accessing a US Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Links

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications

National Healthcare Safety Network System

- NHSN Reporting *
- **NHSN Enrollment ***

* Strong credentials required.

Step 4c - Access Enrollment Forms

- ❑ If you have not already printed out copies of the Facility Contact form and Annual Facility Survey (see slides 11-16), then click 'Access and Print" to view these forms
- ❑ These forms must be completed prior to entering the information electronically into NHSN



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

Contact us

[Start](#)
[Leave Enroll](#)

Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)



[Get Adobe Acrobat Reader for PDF files](#)

Facility Enrollment Forms

Patient Safety Component

Hospital applicants, print these:

[Facility Contact Information](#)

[Facility Survey](#)

Outpatient Dialysis Center, print these:

[Facility Contact Information](#)

[Outpatient Dialysis Center Practices Survey](#)

Inpatient Rehabilitation Facility, print these:

[Facility Contact Information](#)

[Annual Facility Survey for IRF](#)

Long Term Acute Care Hospital, print these:

[Facility Contact Information](#)

[Annual Facility Survey for LTAC](#)

Healthcare Personnel Safety Component

Any facility type, print these:

[Facility Contact Information](#)

Long Term Care Facility Component

Any facility type, print these:

[Facility Contact Information](#)

[Facility Survey](#)

Biovigilance Component

Any facility type, print these:

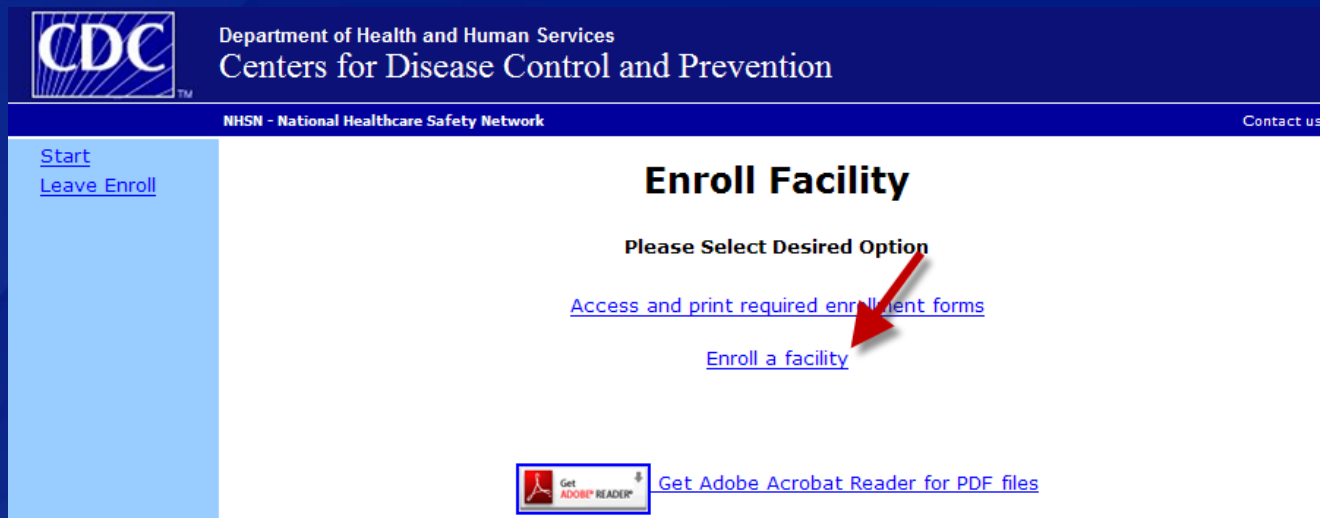
[Facility Contact Information](#)

[Facility Survey](#)

[Back](#)

Step 4d – Enrolling a Facility

- ❑ After accessing, printing and completing the required enrollment forms, click “Enroll a facility”
- ❑ IMPORTANT: You must complete all the data submission about your facility in one session!
 - You cannot save work in progress so be prepared before you start the enrollment process by having all documents completed



Step 4 - Facility Contact Information

- Fields with a red asterisk **MUST** be completed to save your work
- Facilities which are CMS-certified should have a certification number (CCN)
- If your facility does not have a CCN contact the NHSN help desk nhsn@cdc.gov
- Facilities within the Department of Veterans Affairs (VA) Healthcare System, may have a VA station code instead of a CCN

Facility Enrollment

Mandatory fields marked with *

Tracking #

Facility Information

Facility name*:

Address, line 1*:

Address, line 2:

Address, line 3:

City*:

State*:

County*:

Zip Code*: -

Main telephone number*:

For each identifier listed below, enter the number / code, or check Not Applicable if your facility does not have that identifier

AHA ID*: Select ☐ if AHA ID Not Applicable

CMS Certification Number (CCN)*: Select ☐ if CCN Not Applicable

VA station code*: Select ☐ if VA Station Code Not Applicable

Facility's Object Identifier (OID) for CDA

Object Identifier:

Verify Data Click to verify values provided above before proceeding.

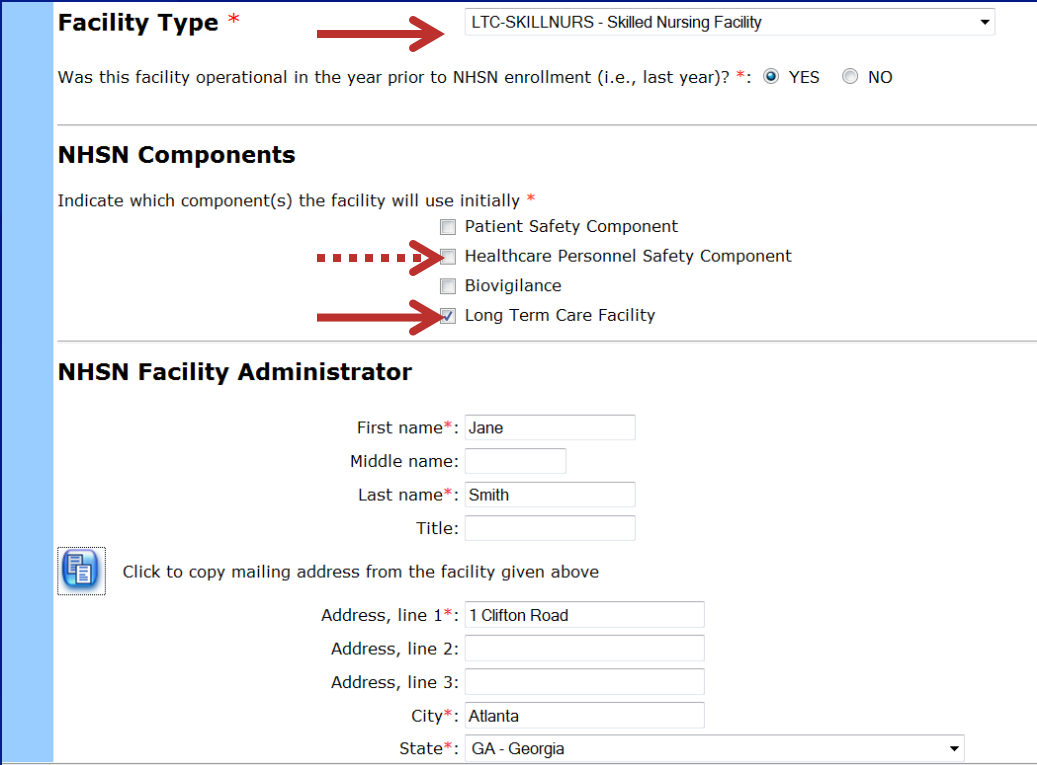
Step 4 - Facility Information

❑ Select most appropriate Facility Type from:

- [LTC-ASSIST](#) - Assisted Living or Residential Care Facility
- [LTC-DEVDIS](#) – Facility Caring for Individuals with Developmental Disabilities
- [LTC-SKILLNURS](#) - Skilled Nursing Facility or Nursing Home

❑ Select the NHSN components in which your facility will participate:

- [Long-Term Care Facility](#) - for tracking infections
- [Healthcare Personnel Safety](#) - for tracking staff influenza vaccination



The screenshot shows the NHSN Facility Information form. A red arrow points to the 'Facility Type' dropdown menu, which is set to 'LTC-SKILLNURS - Skilled Nursing Facility'. Below this, a question asks 'Was this facility operational in the year prior to NHSN enrollment (i.e., last year)?' with radio buttons for 'YES' (selected) and 'NO'. The 'NHSN Components' section asks to 'Indicate which component(s) the facility will use initially'. It lists four components: 'Patient Safety Component' (unchecked), 'Healthcare Personnel Safety Component' (checked with a red dotted arrow), 'Biovigilance' (unchecked), and 'Long Term Care Facility' (checked with a red solid arrow). The 'NHSN Facility Administrator' section contains fields for 'First name*' (Jane), 'Middle name' (empty), 'Last name*' (Smith), and 'Title' (empty). Below these is a link icon and text: 'Click to copy mailing address from the facility given above'. The address fields are: 'Address, line 1*' (1 Clifton Road), 'Address, line 2' (empty), 'Address, line 3' (empty), 'City*' (Atlanta), and 'State*' (GA - Georgia).

❑ The NHSN Facility Administrator is person enrolling the facility

- **IMPORTANT!** Use the same email address as in steps 2 and 3

Step 4 - Facility Contact Information

- ❑ LTCF Component enrollment requires a LTCF Contact Person
 - Person who will be most involved with LTCF surveillance
 - Can be the same person as the Facility Administrator

Long Term Care Contact Person

Information on the Long Term Care Contact person is required as labeled below since the Long Term Care Component was selected above.



Click to copy information from the Primary System Administrator above

First name*: Jane

Middle name:

Last name*: Smith

Title:



Click to copy mailing address from the facility given above

Address, line 1*: 1 Clifton Road

Address, line 2:

Address, line 3:

City*: Atlanta

State*: GA - Georgia

Zip Code*: 30333 -

Phone*: 404-632-6547 Ext:

Step 4: Complete Annual Facility Survey

Mandatory fields marked with *

Facility ID*: NT Nursing Home (11133)
National Provider ID*: 125325465432132

Survey Year*: 2011
State Provider #:

Facility Characteristics

Facility ownership*: P - For profit

Certification*: DUAL - Dual Medicare/Medicaid

Affiliation*: MFO - Multi-facility organization (chain)

In the previous calendar year,

Average daily census*: 105

Number of Short-stay residents*: 300

Number of Long-stay residents*: 85

Average Length of Stay for Short-stay residents*: 55

Average Length of Stay for Long-stay residents*: 450

Number of New Admissions*: 254

Total Number of Beds*: 120

Number of Pediatric Beds (age <21)*: 0

On the day of this survey, indicate the number of residents receiving the following primary service types: (list only one service i.e. total should sum to resident census on day of survey completion)

a. Long-term General Nursing*: 50

b. Long-term Dementia*: 0

Hint: Reference completed form, "LTCF –Annual Facility Survey"

****Remember you cannot partially complete a form, save and return***

Step 4 - Submit Forms Electronically

- ❑ Once information is saved, a green checkmark displays next to it
 - Can print a completed survey for your records
- ❑ Once all required information is entered and saved, click 'Submit'
 - If you print your survey, don't forget to press submit!

Required survey(s)

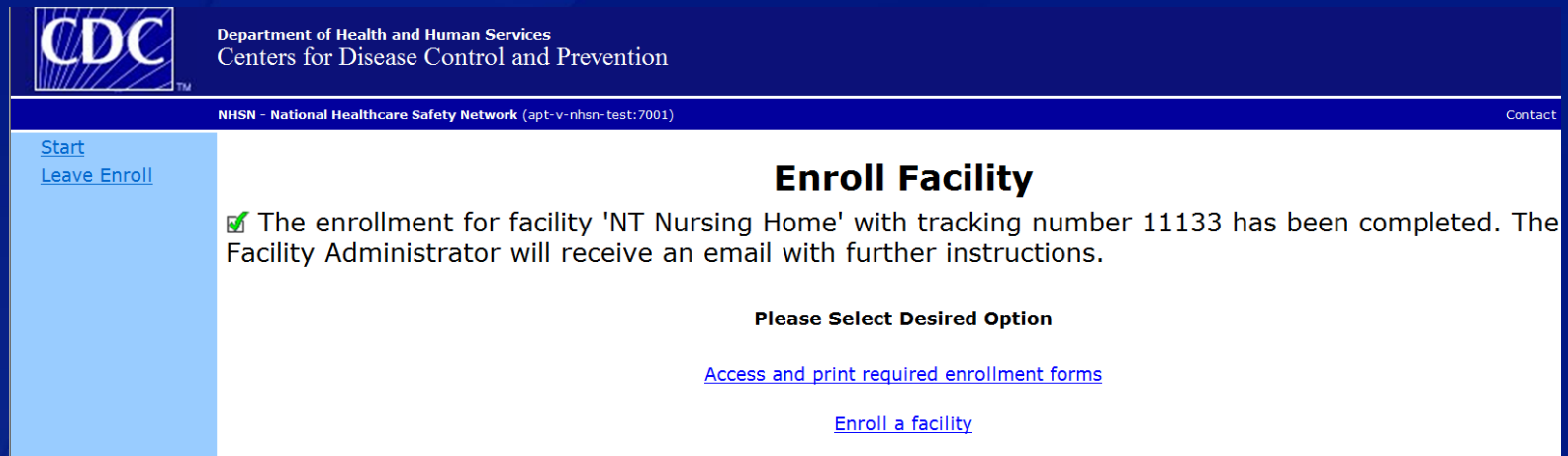
As part of the enrollment process, please provide the data requested for the following survey(s). Click on the button to the survey and complete it. When you are finished, you will return to this page to complete the enrollment process.

☒ **Long Term Care Facility Survey** - [Print Completed Survey](#)

Save and Submit

Step 4 - Submit Forms Electronically

- Once required forms are submitted, confirmation message displays



The screenshot shows the NHSN (National Healthcare Safety Network) web interface. At the top, the CDC logo is on the left, and the text "Department of Health and Human Services" and "Centers for Disease Control and Prevention" is on the right. Below this, a dark blue header bar contains the text "NHSN - National Healthcare Safety Network (apt-v-nhsn-test:7001)" on the left and "Contact" on the right. The main content area has a light blue sidebar on the left with links "Start" and "Leave Enroll". The main content area is white and features the heading "Enroll Facility" in bold. Below the heading, a green checkmark icon is followed by the text: "The enrollment for facility 'NT Nursing Home' with tracking number 11133 has been completed. The Facility Administrator will receive an email with further instructions." Below this text, the instruction "Please Select Desired Option" is centered. Underneath, there are two blue underlined links: "Access and print required enrollment forms" and "Enroll a facility".

- Facility Administrator will immediately receive an NHSN email with a link to your consent form
 - If you do not receive this email, contact the NHSN Helpdesk
 - nhsn@cdc.gov

Step 1: Training and preparation for enrollment



Step 2: Request to enroll your facility in NHSN



Step 3a: Register with the Secure Access Management System (SAMS)



Step 3b: Complete identity verification process and receive confirmation of SAMS/NHSN access



Step 4: Access NHSN Enrollment and Submit Annual Facility Survey electronically



Step 5: Print, sign and mail the facility consent form to CDC and receive confirmation of your facility's enrollment into NHSN



Success! Your facility is now approved to report into NHSN

Step 5 - Sign and Send Consent

- ❑ NHSN email, subject line “NHSN Facility enrollment submitted” links to your consent form
 - Consent forms are facility-specific, you must print the consent form provided in the email link
- ❑ You have 30 days to open the link and print form
- ❑ Once printed, CDC must receive it within 60 days

Step 5 - Sign and Send Consent

□ Agreement to Participate and Consent includes:

- NHSN Purposes
- Eligibility
- Data collection and reporting requirements
- Assurance of Confidentiality

□ Must be signed by

- Long-term Care Facility Contact Person (see slide 36)
- Your facility Leadership

□ Requires signature from the highest level administrator at your facility

NHSN **Agreement to Participate and Consent** Page 1 of 3

Tracking # _____

The National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), collects national data on healthcare-associated adverse events and their risk factors. Healthcare facilities may participate in NHSN for one of two reasons: (1) voluntarily, i.e., on their own initiative and for their own purposes or (2) as a result of a state or federal mandatory reporting requirement. Depending on the applicable state or federal mandatory reporting requirements, data provided by healthcare facilities may be used for purposes other than those for which the data were collected. NHSN patient safety data are provided by healthcare facilities to the CDC, and the CDC may share this information with other entities as prescribed by law. NHSN patient safety data are provided by healthcare facilities to the CDC, and the CDC may share this information with other entities as prescribed by law. NHSN patient safety data are provided by healthcare facilities to the CDC, and the CDC may share this information with other entities as prescribed by law.

NHSN **Agreement to Participate and Consent** Page 2 of 3

Eligibility Criteria (cont.)

- Comply with secure access control requirements of the system.
- Be willing to follow the selected NHSN data collection and reporting requirements.
- Be willing to share such data with the CDC.
- Be able to provide written consent from the highest level of facility leadership (i.e., the highest Executive Officer, may be the Medical Director).

Data Collection and Reporting Requirements

- Once accepted into NHSN, each facility must use the NHSN Internet-based data collection system to report data to the CDC.
- Successfully complete an annual data collection and reporting cycle.
- Successfully complete one or more data collection and reporting cycles for the selected components of the system, as determined by the CDC.
- For the selected components, of the modules will be submitted for a minimum of the exception of the BIL data for the entire year.
- Adhere to the selected data collection and reporting requirements during the months when surveillance methodology is required for the module end of the month.
- Report adverse events required for the module end of the month.
- For those months when surveillance methodology is required for the module end of the month.
- Pass quality control accuracy.

Eligibility Criteria

- Facilities participating in NHSN must be a bona fide healthcare facility that is listed in the (AHA) Centers for Medicare and Medicaid Services (CMS) database.
- Have email addresses that they will use to access NHSN.

Assurance of Confidentiality

The voluntarily provided information obtained from this facility, including identification of any individual or institution, will be used only for the purposes of the NHSN, and will not be disclosed to any other entity without the consent of the individual, or the facility, as required by the Privacy Act (5 U.S.C. 552a) or the Public Health Service Act (42 U.S.C. 262).

NHSN **Agreement to Participate and Consent** Page 3 of 3

Consent Tracking # _____

Primary Contact(s)

As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in NHSN.

NHSN Patient Safety Primary Contact Person

Name: _____

Title: _____

Signature: _____ Date: _____

NHSN Healthcare Personnel Safety Primary Contact Person

Name: _____

(if different from Patient Safety Primary Contact)

Title: _____

Signature: _____ Date: _____

NHSN Biovigilance Primary Contact Person

Name: _____

Title: _____

Signature: _____ Date: _____

Official Authorized to Bind this Facility To The Terms of This Agreement (e.g., COO/CEO/CMO/CMO may be the Medical Director for outpatient facilities). As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement, including the updated purposes of NHSN, and hereby consent to allow the facility to participate in NHSN. I understand that the new NHSN purposes and data disclosures will begin with data entered no earlier than January 1, 2011.

Name: _____

Title: _____

Signature: _____ Date: _____

Facility Name: _____

Main Facility Telephone Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Step 5 - Sign and Send Consent

- ❑ 2-3 business days after NHSN receives signed consent form, NHSN will activate your facility
- ❑ The NHSN Facility administrator will receive email notification of facility activation from NHSN

From: NHSN (CDC)
Sent: Wednesday, March 17, 2010 4:02 PM
To:
Subject: NHSN enrollment approved

To: NHSN Facility Administrator
From: NHSN
Date: 03/17/2010
Subject: NHSN enrollment approved

Your facility or group has been approved as a new member of NHSN. Welcome!

Facility Name: Alicia's Test Facility
Facility ID #: 00000

As the Facility Administrator, you will now need to access the NHSN application through SAMS by selecting the NHSN Reporting activity. Once in the NHSN application, your first task should be to add those individuals who need to use the application ("users").

Once you add a user, that person will receive an email prompting her/him to register with SAMS.

If you have any questions about NHSN, please contact us at nhsn@cdc.gov or <http://www.cdc.gov/nhsn>.

Step 1: Training and preparation for enrollment

Step 2: Request to enroll your facility in NHSN

Step 3a: Register with the Secure Access Management System (SAMS)

Step 3b: Complete identity verification process and receive confirmation of SAMS/NHSN access

Step 4: Access NHSN Enrollment and submit Annual Facility Survey electronically

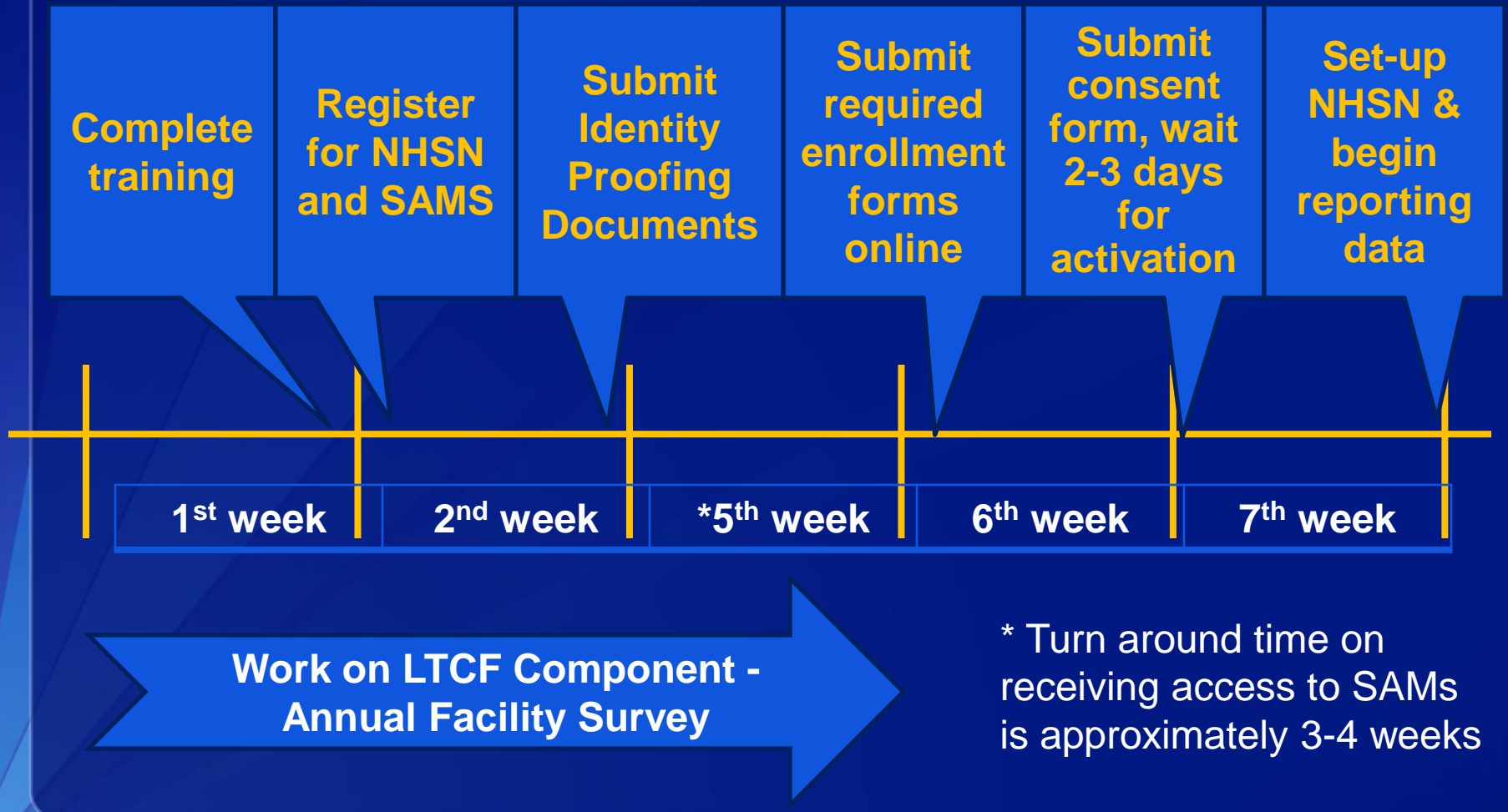
Step 5: Print, sign and mail the informed consent form to CDC and receive confirmation of your facility's enrollment into NHSN

Success! Your facility is now approved to report into NHSN

Enrollment is complete: Next is NHSN Set-Up

- ❑ Set-up training for the NHSN LTCF Component is available
- ❑ Set-up NHSN for your facility
 - Mapping NHSN locations (required)
 - Add users & assign user rights (optional)
 - Create Monthly Reporting Plans (required)
- ❑ Set-up is required before data can be reported

Suggested NHSN Enrollment Timeline



Important !!

- ❑ Email is our only way to communicate with you!
- ❑ Please email nhsn@cdc.gov with any changes in your email address

Where can I find more information about Enrollment?

National Healthcare Safety Network (NHSN)

NHSN

- NHSN Login
- About NHSN
- Enroll Here**
 - Ambulatory Surgery Centers
 - Acute Care Hospitals/Facilities
 - Long-term Acute Care Facilities
 - Long-term Care Facilities
 - Outpatient Dialysis Facilities
 - Inpatient Rehabilitation Facilities
 - FAQs About Digital Certificates
 - FAQs About Enrollment
- Materials for Enrolled Facilities
- Group Users
- Patient Safety Analysis Resources
- Annual Reports
- Newsletters
- E-mail Updates
- CMS Requirements
- Clinical Document Architecture (CDA)
- HIPAA Privacy Rule

NHSN Manuals

- Dialysis Event Surveillance Manual [PDF - 1.65 MB]
- Healthcare Personnel Safety Component Manual [PDF - 1.96 MB]
- Dialysis Component

Facility Enrollment

Select Your Facility Type

Acute Care Hospitals/Facilities
Enrollment for urgent care or other short-term stay facilities (e.g., critical access facilities, oncology facilities, military/VA facilities).

Long-term Acute Care Facilities
Enrollment for long-term acute care hospitals (LTACs).

Long-term Care Facilities
Enrollment for long-term care facilities, nursing homes, assisted living and residential care, chronic care facilities, and skilled nursing facilities.

- ❑ To email questions to the NHSN Helpdesk:
nhsn@cdc.gov
- ❑ For general enrollment resources
<http://www.cdc.gov/nhsn/enrollment>
- ❑ LTCF specific enrollment and reporting resources
<http://www.cdc.gov/nhsn/LTC>

Questions? Problems?

Contact the NHSN Helpdesk at nhsn@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.